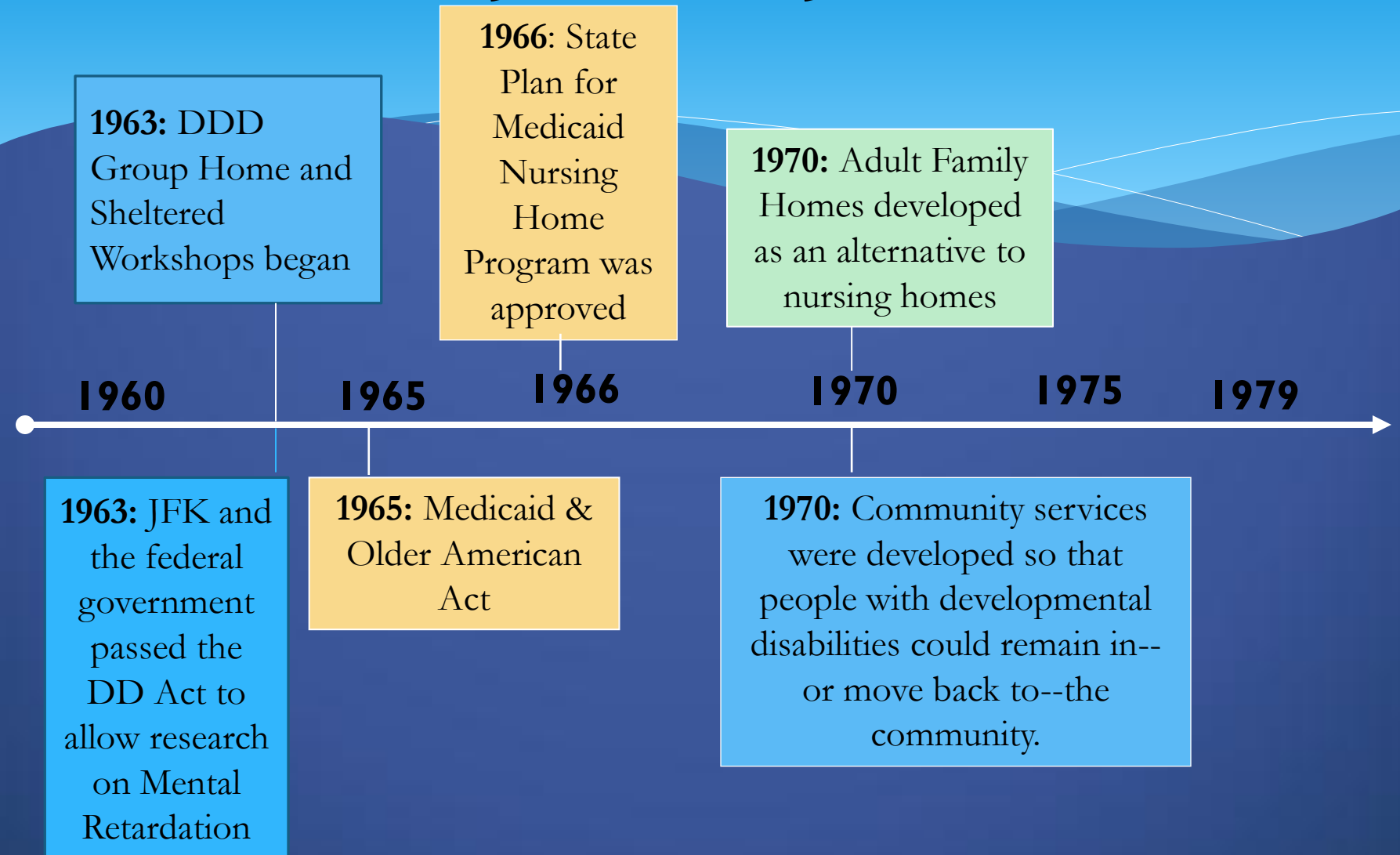


# History of Community Based Services in Washington State

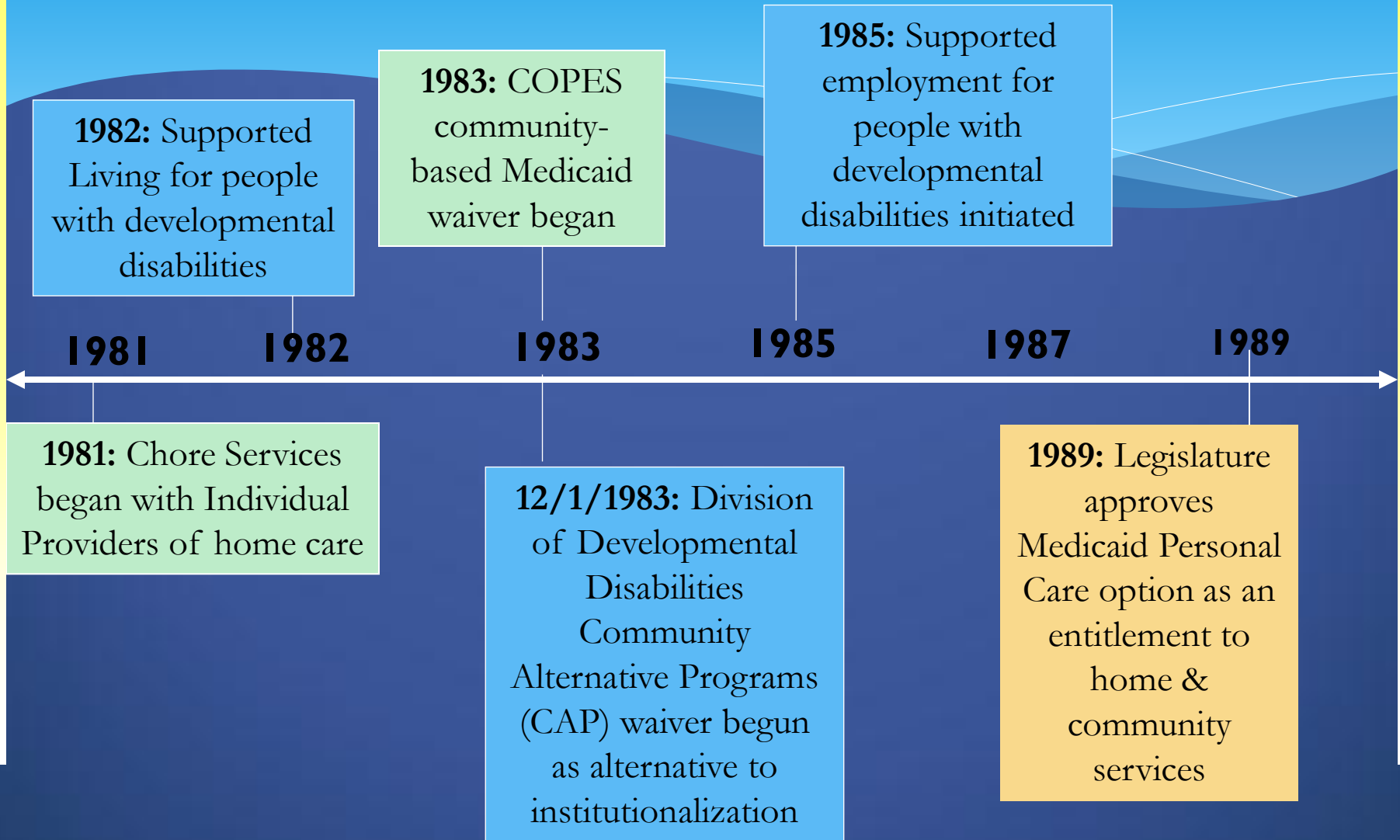
October 2012

# Community-Based Service Development Timeline

## 1960's and 1970's



# Community-Based Service Development Timeline 1980's



# Community-Based Service Development Timeline 1990's

**1/1/1990:** DDD began **Outward-Bound Residential Alternatives (OBRA)** Waiver targeted individuals who moved out of skilled nursing facilities

**1998:** Case Mix payment system developed for Nursing Home rates

**1990**

**1992**

**1995**

**1998**

**1999**

**1990:** Infant Toddler Early Intervention Program (ITEIP) established

**1992:** Americans with Disabilities Act passed.

**1995:** ESSB 1908: Long Term Care Options Program enabled AASA to limit unnecessary nursing home use

**1999:** Olmstead Supreme Court Decision to accommodate elderly and people with disabilities in the community

# Community-Based Service Development Timeline 2000's

**2002:** Aging and Disabilities Service Administration (ADSA) was formed and joined: Division of Developmental Disabilities (DDD); Home and Community Based Service (HCS); Residential Care Service (RCS); and Management Service Division (MSD)

**2000**

**2003**

**2004**

**2010**

**Current**

**2003:** Comprehensive Assessment Reporting & Evaluation (CARE) computerized needs assessment completed

**2004:** Four Home and Community Based Services (HCBS) Waivers replace the CAP Waiver for DDD

**2010:** Division of Behavioral Health and Recovery transferred to ADSA

# Division of Developmental Disabilities

## HCBS Waiver History

Waiver name	Time Period	Brief Description
Community Alternatives Program (CAP) Waiver	12/1/1983-3/31/2004	A comprehensive waiver with a full range of services capable of serving individuals with varying support needs.
Medically Intensive (MI) Waiver	12/1/1987-11/20/1999	A targeted waiver that served individuals with intensive medical need who required in-home nursing care.
Outward-Bound Residential Alternative (OBRA) waiver	1/1/1990-9/17/2000	A targeted waiver that served individuals who moved out of skilled nursing facilities
Basic Waiver	4/1/2004-9/28/2012	A waiver with limitations on the type and amount of services offered and designed to serve individuals with lower support needs

# Division of Developmental Disabilities

## Current HCBS Waivers

Waiver name	Time Period	Brief Description
Basic Plus Waiver	9/1/2012 to current	A waiver with a greater variety of services than the Basic waiver and limitations on the type and amount of services offered and designed to serve individuals with greater support needs than could be met on the Basic Waiver
Core Waiver	9/1/2012 to current	A comprehensive waiver with a full range of services designed to serve individuals with the highest level of support needs.
Community Protection Waiver	9/1/2012 to current	A targeted waiver with a configuration of services designed to support individuals who put themselves or others at risk in the community.
CIIBS Waiver	9/1/2012 to current	A targeted waiver with a configurations of services designed to serve children and youth with challenging behaviors who are at high risk of out-of-home placement.

The background of the slide is a solid dark blue. At the top, there is a horizontal band of lighter blue. Below this band, there are several overlapping, wavy, horizontal shapes in various shades of blue, creating a layered, landscape-like effect. The text "Waiver Status and Updates" is centered in the middle of the slide in a white, sans-serif font.

# Waiver Status and Updates



# HCBS Waiver Renewals and Current Waiver enrollment as of 8/31/2012

- ❑ Basic Plus waiver 7,125\*
- ❑ Core 4,356
- ❑ Community Protection 448
- ❑ CIIBS 78

\*Basic Plus number reflect participants enrolled in Basic and Basic Plus waiver in September 2012

# Future Waiver Capacity

## DSHS proposed the following for the 2013-2015 Biennium

- \* Request to expand Basic Plus capacity by 1,005 individuals (Est. Total Funds: \$14,313,000)
- \* Request to expand capacity of the residential waivers (Core and CP) by 280 individuals: (Est. Total Funds: \$31,253,000)
  - \* 24 children
  - \* 184 adults
  - \* 72 adult children living with aging caregivers

# 2012 HCBS Waivers Renewed 9/1/2012 through 8/31/2017

- \* DDD received approval for renewal from Centers for Medicare and Medicaid Services (CMS) for:
  - \* Basic Plus
  - \* Core
  - \* Community Protection (CP)
  - \* Children's Intensive In-home Behavioral Supports (CIIBS)

# Changes to HCBS waivers

Waiver renewal changes	Basic Plus	CIIBS	CP	Core
Supported Employment limit based on acuity	✓	N/A	✓	✓
Community Access service limit based on acuity	✓	N/A	N/A	✓
Added ITA as service	✓	N/A	✓	✓
Eliminated Person to Person Services	✓	N/A	✓	✓

# Changes in the waivers cont.

Waiver renewal changes	Basic Plus	CIIBS	CP	Core
HCA identified as Medicaid single state agency	✓	✓	✓	✓
Added Adult Dental service (21 and older)	✓	N/A	✓	✓
New performance measurements in response to CMS audit	✓	✓	✓	✓

# Changes in the waivers cont.

Waiver renewal changes	Basic Plus	CIIBS	CP	Core
Mental Health Crisis Diversion Bed services renamed to Behavioral Health Crisis Diversion Bed services	✓	✓	✓	✓
Mental Health Stabilization services renamed to Behavioral health stabilization services	✓	✓	✓	✓
Behavior Management and Consultation services renamed to Behavior Support and Consultation services	✓	✓	✓	✓
Added state employees as provider type for Behavioral Health Stabilization Services	✓	✓	✓	✓

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# Employment Rule Changes and Process

# Changes to Employment services and associated WAC process

- \* Emergency Rule was requested to allow the division to implement changes in the waivers while going through formal rule making process
- \* CR 101 filed to alert the public of states intent to modify rule
- \* CR 102 will be filed with proposed rule changes. This is the public opportunity to provide feedback.
  - \* Respond to public feedback
- \* CR 103 will be filed for permanent adoption of rule



# **WAC 388-828-9325 How does DDD determine the number of hours you may receive for employment support services?**

DDD determines the number of hours you may receive for employment services using information from the following:

- (1) Your employment support level determined as described in WAC 388-828-9205;
- (2) Your employment status determined as described in WAC 388-828-9330;
- (3) Your employment service level and employment service base hours determined as described in WAC 388-828-9335;
- (4) Your employment service type;
- (5) You meet one of the conditions identified as described in WAC 388-828-9345 and require add-on hours identified in WAC 388-828-9350.

# WAC 388-828-9205 How does DDD determine your employment support level?

- \* DDD determines your employment support level using the following table:

If your employment acuity score in WAC 388-828-9210 is:	Your employment support level is:
0 or less	None
Greater than 0 and less than 1.5	Low
1.5 to less than 2.5	Medium
2.5 or greater	High

# Definition of Employment Support Levels:

## High:

- \* Requires support in the community at all times to maintain health and safety.
- \* Experiences significant barriers to employment or community participation.
- \* Requires frequent supervision, training, or full physical assistance with community activities most or all of the time.

## Medium:

- \* Independent in the community some of the time and requires moderate support to obtain or maintain employment.
- \* Able to maintain health and safety in the community for short periods of time.
- \* May need some supervision, training, or partial physical assistance with community activities.
- \* May need regular monitoring or prompting to perform tasks.

## Low:

- \* Generally independent in the community and requires minimal support to obtain or maintain employment.
- \* Able to communicate with others effectively and can maintain personal health and safety most of the time without supervision.
- \* May be able to independently transport self in the community and does not require physical assistance in community activities.
- \* Able to perform tasks with minimal or occasional monitoring or prompting.

# WAC 388-828-9330 How does DDD determine your employment status?

DDD determines your employment status to be:

- (1) **"Working"** when you meet one of the following conditions:
  - (a) In the twelve months prior to your assessment:
    - (i) You have been employed for nine consecutive months; and
    - (ii) You have earned at least minimum wage.
  - (b) You are currently self-employed and meet one of the following:
    - (i) The activities of your employment meet the Internal Revenue Service (IRS) rules for a business;
    - (ii) You have a business plan demonstrating feasibility as determined by the division of vocational rehabilitation or an impartial, agreed upon, third party business expert; or
    - (iii) You are licensed, if required, and follow all local, state, and federal regulations and rules.
- (2) **"Not working"** when you do not meet any of the conditions for "working."

# WAC 388-828-9335 How does DDD determine your employment service level?

DDD determines your employment service level using the following table:

If your employment support level in WAC 388-828-9205 is:	And your employment status in WAC 388-828-9330 is:	Then your employment service level is:	And your employment service hours per month are:
None	Working	A	0
None	Not Working	B	0
Low	Working	C	4
Low	Not Working	D	7
Medium	Working	E	7
Medium	Not Working	F	9
High	Working	G	11
High	Not Working	H	12

# **WAC 388-828-9345 Can you receive fewer than the number of hours allocated to you in your employment service level?**

Yes. You may be authorized to receive fewer than the number of hours allocated if one or more of the following factors is detailed on your employment plan:

- (1) You can independently find and maintain employment.
- (2) Your employment is stable and you need few support hours to maintain it.
- (3) You have natural supports from co-workers, family, friends, or others who support you in finding and maintaining a job.
- (4) Your job schedule does not require the full amount of supports allocated to your supported employment service level.
- (5) You choose to receive fewer hours of support than are allocated for your supported employment service level.
- (6) There are other factors in your employment plan which indicates you can find and maintain a job with fewer support hours

# **WAC 388-828-9350 Are there conditions when DDD will authorize additional hours to your monthly employment service base hours?**

DDD may authorize the use of add-on hours in addition to your monthly employment service base hours when your employment support plan identifies a need for additional service hours related to:

- (1) Your work schedule;
- (2) The number of jobs you have;
- (3) The appropriateness of job match;
- (4) Natural supports available to you on the job;
- (5) Health limitations;
- (6) Provider travel time and distance;
- (7) Behavioral or physical needs that may affect the safety of you and others while at work;
- (8) Other factors detailed in your employment plan which indicate a need for add-on hours to help you find or maintain a job.

# WAC 388-828-9355 How many add-on hours are you eligible to receive?

DDD uses the following table to determine the maximum number of add-on hours you are eligible to receive.

Level of Support (Acuity)	Employment Status	If you meet one of the conditions in WAC 388-828-9350 and your employment Level is:	You are eligible to receive up to the following amount of Add-on Hours
None	Working	A	0
None	Not Working	B	0
Low	Working	C	5
Low	Not Working	D	7
Medium	Working	E	5
Medium	Not Working	F	7
High	Working	G	12
High	Not Working	H	14



# Employment Service limits

Level of Support (Acuity)	Employment Status	Service Level	Monthly Hours	Add-on Hours	Possible Maximum Monthly Service Hours
None	Working	A	0	0	0
None	Not Working	B	0	0	0
Low	Working	C	4	5	9
Low	Not Working	D	7	7	14
Medium	Working	E	7	5	12
Medium	Not Working	F	9	7	16
High	Working	G	11	12	23
High	Not Working	H	12	14	26

# WAC 388-828-9360

## What are short-term employment supports?

(1) Short-term employment supports is a service that allows DDD to approve additional service hours in addition to the amount of your employment service hours (see WAC 388-828-9335) and add-on hours (see WAC 388-828-9345) when:

- (a) You are beginning a new job;
- (b) There is a planned or unexpected change in your job or job duties;
- (c) Your current employment is at risk and short-term supports are needed to assist you in maintaining your current job; or
- (d) You are stuck on your pathway to employment and need individualized technical assistance.

# WAC 388-828-9360

## What are short-term employment supports? continued

(2) Short-term employment supports may be authorized for a maximum of **three months** at a time and may be re-authorized when:

- (a) The circumstances identified in section WAC 388-828-9360(1) continue, evidenced by, receipt of a current employment work plan or review describing the need; and
- (b) Both your employment provider and county recommend continuing the use of short-term employment supports.

# WAC 388-828-9340 How does your employment service type affect how your employment service hours are used?

Your employment service type determines where and how your service hours are provided.

**(1) Individual supported employment:**

- (a) Your employment services are provided in typical community-based settings;
- (b) The focus of employment services are on obtaining and/or maintaining integrated employment at or above the state's minimum wage in the general workforce; and
- (c) **Your employment services are not shared with others.**

**(2) Group supported employment:**

- (a) Your employment services are provided in typical community-based settings;
- (b) The focus of employment services are on providing ongoing supervised employment that will **lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage; and**
- (c) **Your employment services are shared with others in a group setting.**

**(3) Prevocational services:**

- (a) Your employment services are:
  - (i) Provided in specialized or segregated settings for individuals with developmental disabilities; and
  - (ii) **Include monthly employment related activities in the community.**
- (b) Service and supports are designed to further habilitation goals that will **lead to greater opportunities for competitive and integrated employment and career advancement at or above the state's minimum wage; and**
- (c) **Your employment services are shared with others in a group setting.**

# Changes to Community Access

**WAC 388-828-9310 How does DDD determine the number of hours you may receive each month for community access services?**

- (1) The number of hours of community access services you may receive each month is based on your community access service level.
- (2) DDD determines your community access service level based on your SIS support needs index percentile ranking (WAC 388-828-4440) as detailed in the following table:

If your SIS support needs index percentile ranking according to WAC 388-828-4440 is:  
Your community access service level is:

The number of hours you may receive for community access services each month is:

0 - 9th percentile	A	Up to 3 hours
10th - 19th percentile	B	Up to 6 hours
20th - 29th percentile	C	Up to 9 hours
30th - 44th percentile	D	Up to 12 hours
45th - 59th percentile	E	Up to 15 hours
60th - 74th percentile	F	Up to 18 hours
75th - 100th percentile	G	Up to 20 hours

# *Quality Improvement Strategy*

Division of Developmental Disabilities' Data  
to Support CMS Assurances  
for

Basic, Basic Plus, Core and Community Protection Waivers

Waiver Year 2009 - 2010

The State operates a formal, comprehensive system to ensure that the waivers meet the assurances and other requirements for the management of the waivers.

DDD has established various entities whose tasks are to analyze trend, prioritize and propose or implement proposals for the improvement of the DDD service system. The goal of Quality Improvement in DDD is to promote, encourage, empower and support continuous quality improvement.

This is a five step process:

1. Develop data bases to gather information
2. Identify individuals or committees to analyze data
3. Develop remediation plan as appropriate
4. Implement remediation plan
5. Verify effectiveness of remediation plan

The State operates a formal, comprehensive system to ensure that the waivers meet the assurances and other requirements for the management of the waivers.

**1) Develop database to gather information:** DDD uses several different data systems that are vital to the analysis that must be done in order to trend, prioritize and implement system improvements for the five Waivers that DDD manages. Each system provides information to be analyzed and used as a basis for remediation efforts.

## Internal ADSA Systems:

*(Click on buttons to view information about*

Adult Protective Services  
(APS) Database

DDD Incident Reporting  
(IR) System

Inter-Rater Reliability Review  
(IRR) Database

ADSA's CARE System

Complaint Database

Incident Review  
Management Database

Quality Control & Compliance  
(QCC) Audit Database

Case Management  
Information System (CMIS)

Individual Support Plan  
Meeting Survey Database

Residential Care Services  
(RCS) Database

## DSHS Systems External to ADSA

Administrative Hearing  
Database

Enterprise All Contracts  
Database (EACD)

Child Protective Services  
(CPS)

Social Service Payment  
System (SSPS)

Division of Licensing  
Resources (DLR)

## Systems External to ADSA

National Core Indicators  
(NCI) Survey



The State operates a formal, comprehensive system to ensure that the waivers meet the assurances and other requirements for the management of the waivers.

**2) Identify individuals or committees to analyze data:** There are many entities that play a critical role in the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information

## Internal (within DSHS)

Division Director

Assessment Activity Report Team

Waiver Oversight Committee (WOC)

Incident Review Team (IRT)

Regional Quality Assurance (QA) Staff

Quality Control & Compliance (QCC) Team

Joint Requirements Planning (JRP) Team

Mortality Review Team (MRT)

Nursing Care Consultants (NCC)

Waiver Manager & Coordinators

Central Office/Regional Management Team

## External (outside DSHS)

Developmental Disabilities Council (DDC)

Disability Rights of Washington (DRW)

The State operates a formal, comprehensive system to ensure that the waivers meet the assurances and other requirements for the management of the waivers.

**3) Develop remediation plan as appropriate:** Performance is measured in terms of outcomes. DDD reviews data from multiple data sources to discover whether trends and patterns meet expected outcomes. Types of analysis used include Pareto charts, histograms, line, bar, pie, and control charts. Based on these reviews, DDD begins an improvement process if they do not meet waiver standards. DDD's Quality Improvement (QI) process has been part of the Division's activities for decades.

**Types of Charts:** (Click on buttons to view information about charts)

Pareto Charts

Histograms

Line Charts

Bar Charts

Pie Charts

Control Charts

The state operates a formal, comprehensive system to ensure that the waivers meet the assurances and other requirements for the management of the waivers.

**4) Implement remediation plan:** Each year DDD improves services to waiver clients by using the numerous data collection points, appropriate analysis and prioritization techniques, evaluation and feedback from differing groups by:

1. 100% corrective action on individual findings
2. Prioritizing changes that need to be made
3. Assigning staff to follow through on recommendations
4. Re-prioritize emphasis on programs, dependent on recommendations
5. Request additional funds if needed to meet goals
6. Rewrite policies and rules if required

The State operates a formal, comprehensive system to ensure that the waivers meet the assurances and other requirements for the management of the waivers.

**5) Verify effectiveness of remediation plan:** The Division of Developmental Disabilities (DDD) believes that the quality of programs and services delivered to people with developmental disabilities in Washington State is everyone's business. The evaluation and improvement of processes and systems are ongoing.

Monitoring and analyzing for effectiveness of changes occurs using the following processes:

1. Ternary review by Director, Regional Administrators and Office Chiefs
2. Ternary reviews by regional quality assurance managers
3. Annual Audits
4. Monthly reviews by incident management team
5. National Core Indicator (NCI) reviews by Developmental Disabilities Council
6. Quarterly meetings with Disability Rights of Washington (DRW)

# Examples of QIS evidence

## Participant Safeguards

- \* Mortality Review
- \* Incident Reporting- allegation of abuse, neglect, abandonment and exploitation

## Participant-Centered Planning & Service Delivery

- \* NCI surveys
- \* Voluntary Participation Statements
- \* ISP referral indicators

# Performance Measurement examples

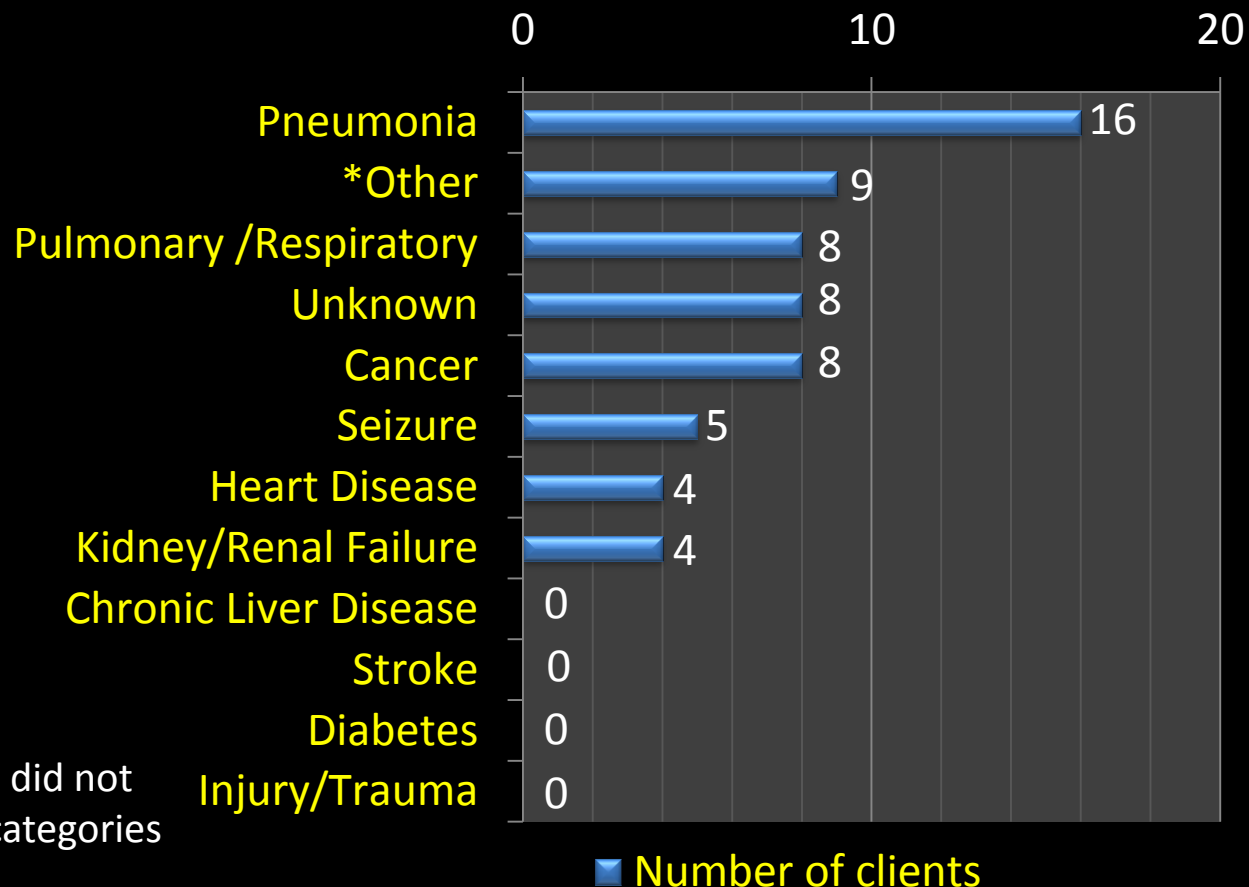
Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 8: The number of waiver recipient deaths reviewed by the Mortality Review Team (MRT) by cause of death.

N = Number of waiver recipient deaths reviewed by the MRT by cause of death (62)

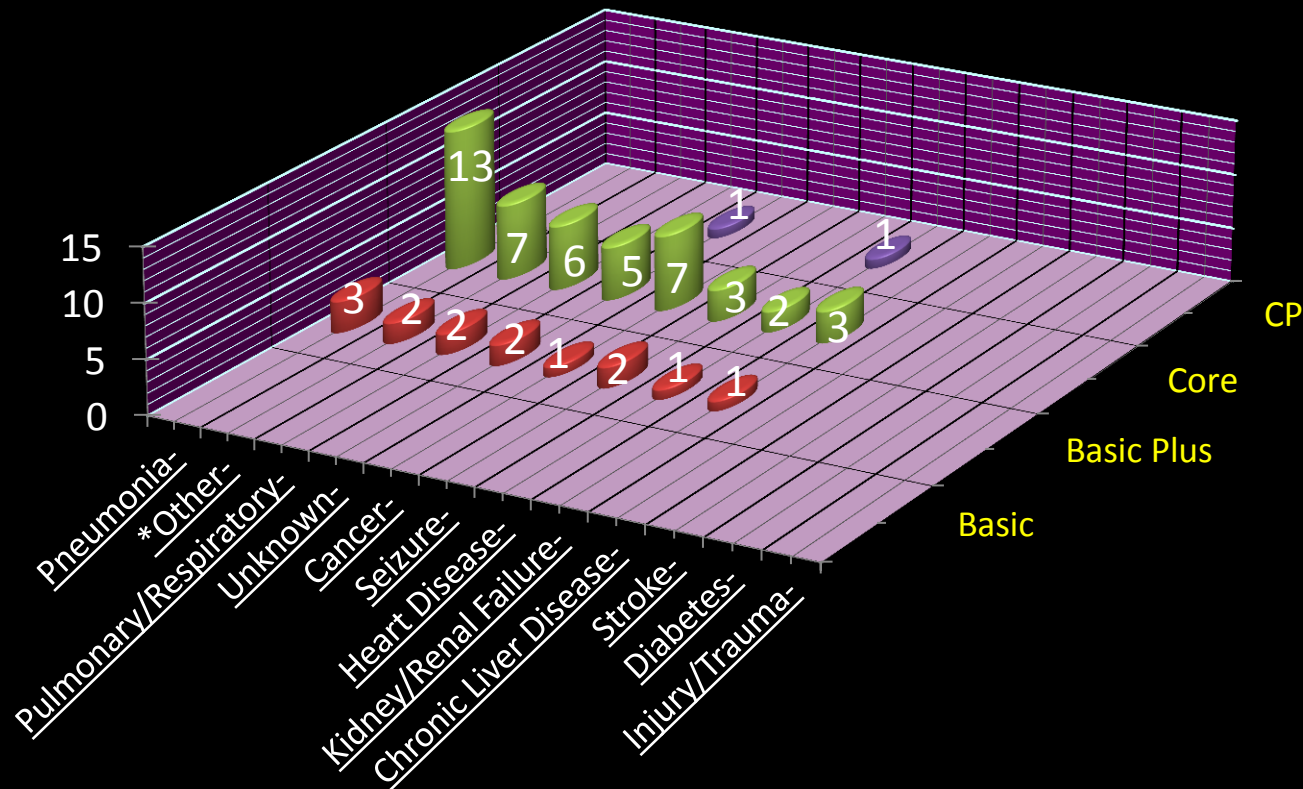
D = Total number of waiver recipient deaths reviewed by MRT(62)

\*Other – Represents deaths that did not correspond to one of the other categories



Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 8: The number of waiver recipient deaths reviewed by the Mortality Review Team (MRT) by cause of death.





## Appendix G – “Participant Safeguards”

Waiver Year: 2009 - 2010

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 8: The number of waiver recipient deaths reviewed by the Mortality Review Team (MRT) by cause of death.

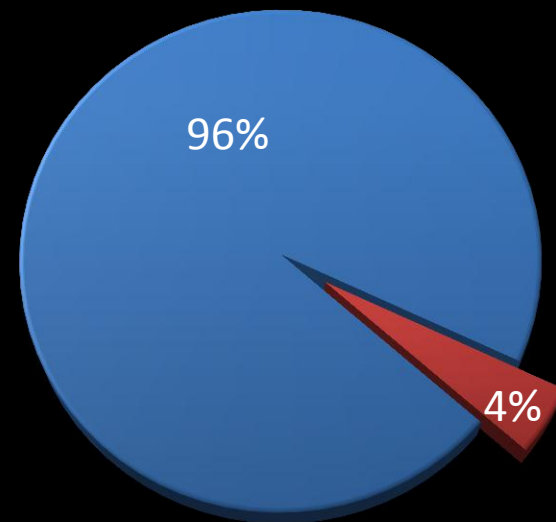
1. **Remediation Response:** DDD has identified the number one cause of death as pneumonia (aspiration type). In response, DDD has developed training for providers , case managers, and caregiver alerts. DDD is working collaboratively with the University of Washington and the State of New Mexico to identify preventative strategies.
2. **Remediation data aggregation & analysis & timeline:** The number one cause of death is pneumonia. Further analysis indicates that the type of pneumonia is most commonly related to aspiration. DDD is refining our process to collect better data regarding other deaths in which aspiration is an antecedent to death.
3. **Responsible Party:** Quality Programs and Services Office Chief

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 1: The percentage of incidents alleging abuse, neglect, abandonment and/or financial exploitation of waiver clients that were reported by DDD, per policy, to [APS](#), [CPS](#) or [RCS](#).

N = Number of incidents where CRMs reported allegations to APS, CPS or RCS (790)

D = Total number of incidents requiring notification by DDD to APS, CPS or RCS (827)

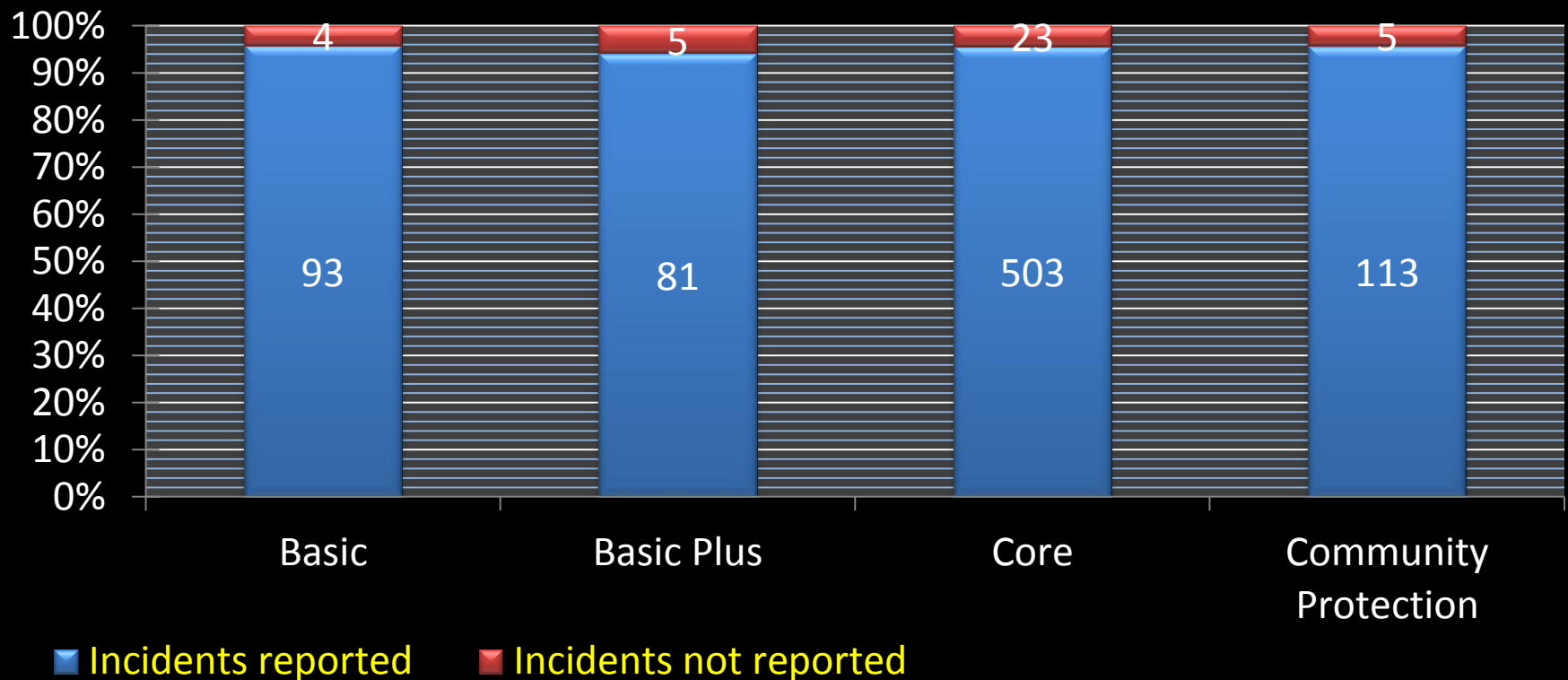


■ Allegations Reported

■ Allegations not reported

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 1: The percentage of incidents alleging abuse, neglect, abandonment and/or financial exploitation of waiver clients that were reported to DDD, which require case managers to notify [APS](#), [CPS](#) or [RCS](#).



## Appendix G – “Participant Safeguards”

Waiver Year: 2009 - 2010

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 1: The percentage of incidents alleging abuse, neglect, abandonment and/or financial exploitation of waiver clients that were reported to DDD, which require case managers to notify [APS](#), [CPS](#) or [RCS](#).

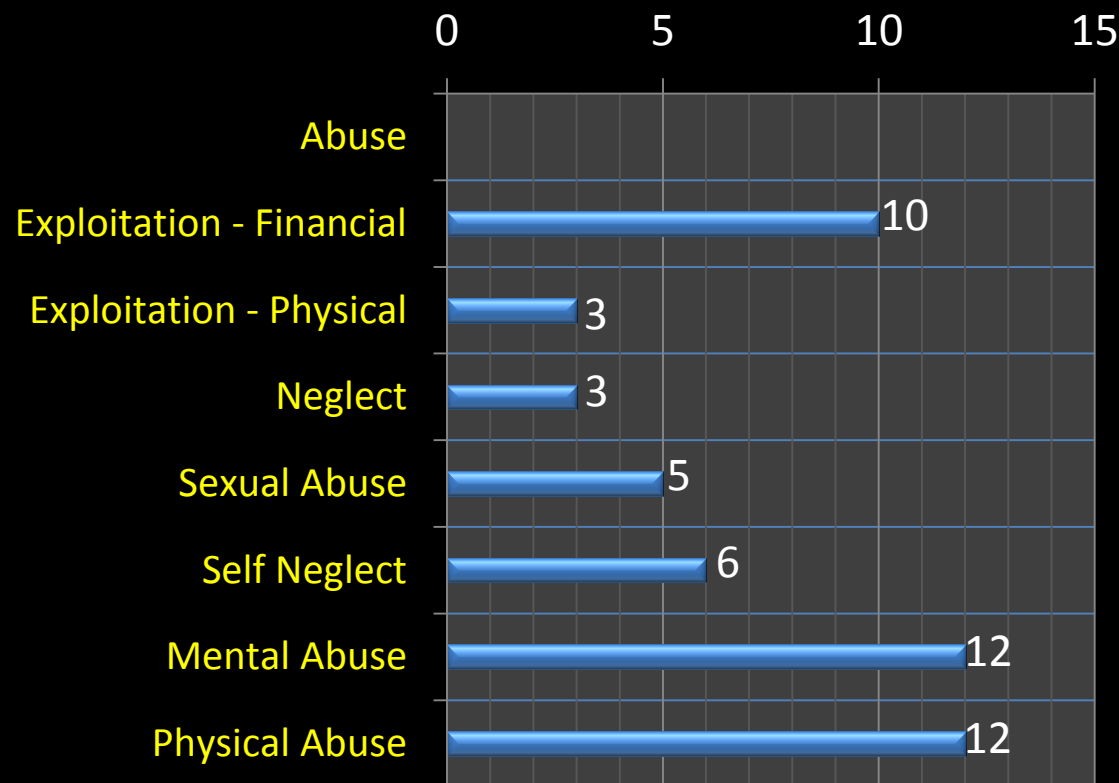
1. **Remediation Response:** Four percent of incidents in the IR database alleging abuse, neglect, abandonment and/or financial exploitation did not have documentation showing that APS, CPS or RCS were notified.
2. **Remediation data aggregation & analysis & timeline:** DDD will continue to monitor that reporting requirements are being met.
3. **Responsible Party:** Incident Report Program Manager

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 2: The number of allegations of abuse, neglect, abandonment, or financial exploitation substantiated by [APS](#), by type of incident.

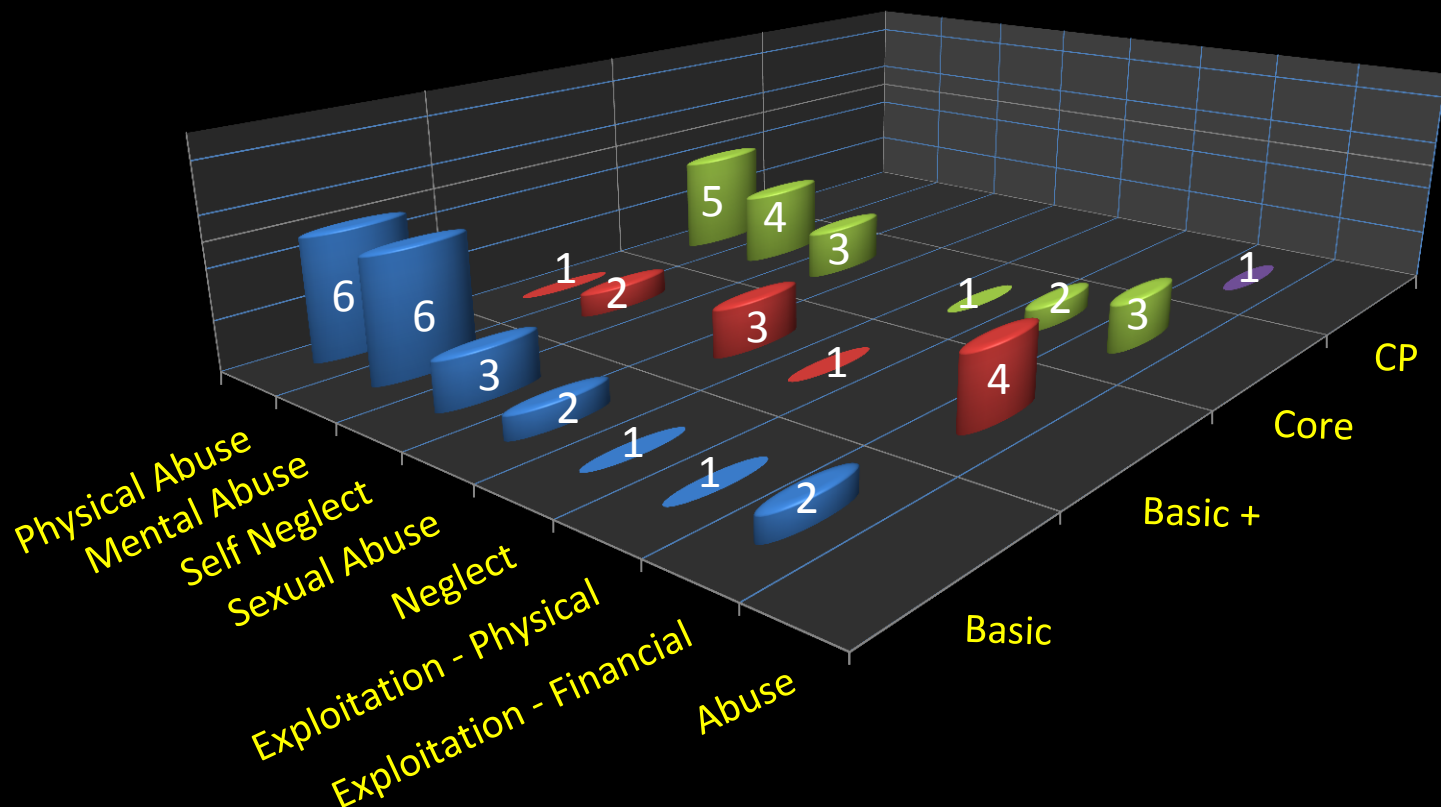
N = Number of substantiated allegations of abuse, neglect, abandonment, or financial exploitation by APS, by incident type.

D = Total number of allegations substantiated by APS (51)



Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 2: The number of allegations of abuse, neglect, abandonment, or financial exploitation substantiated by [APS](#), by type of incident.



## Appendix G – “Participant Safeguards”

Waiver Year: 2009 - 2010

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 2: The number of allegations of abuse, neglect, abandonment, or financial exploitation substantiated by [APS](#), by type of incident.

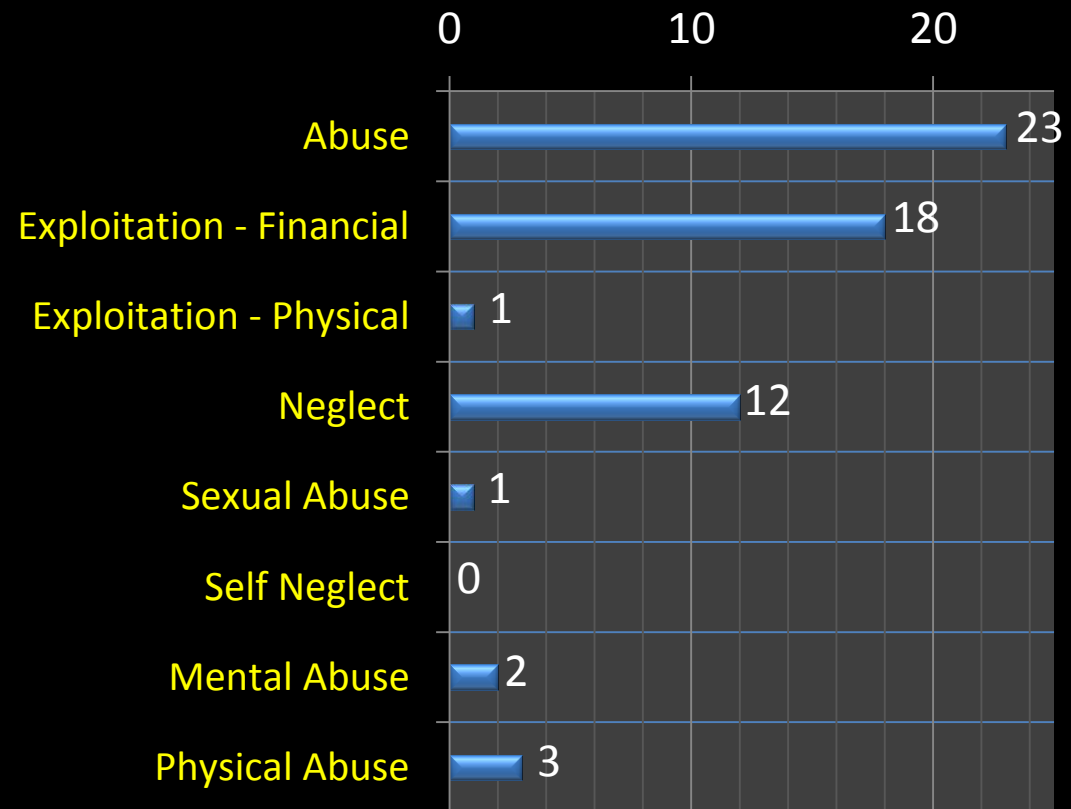
1. **Remediation Response:** Information will be used to perform further analysis on each individual finding to determine DDD’s next steps.
2. **Remediation data aggregation & analysis & timeline:** This is a new performance measure.
3. **Responsible Party:** Quality Programs and Services Office Chief

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 3: The percentage of allegations of abuse, neglect, abandonment, or financial exploitation substantiated by [RCS](#), by type of incident.

N = Number of substantiated allegations of abuse, neglect, abandonment, or financial exploitation by RCS, by incident type.

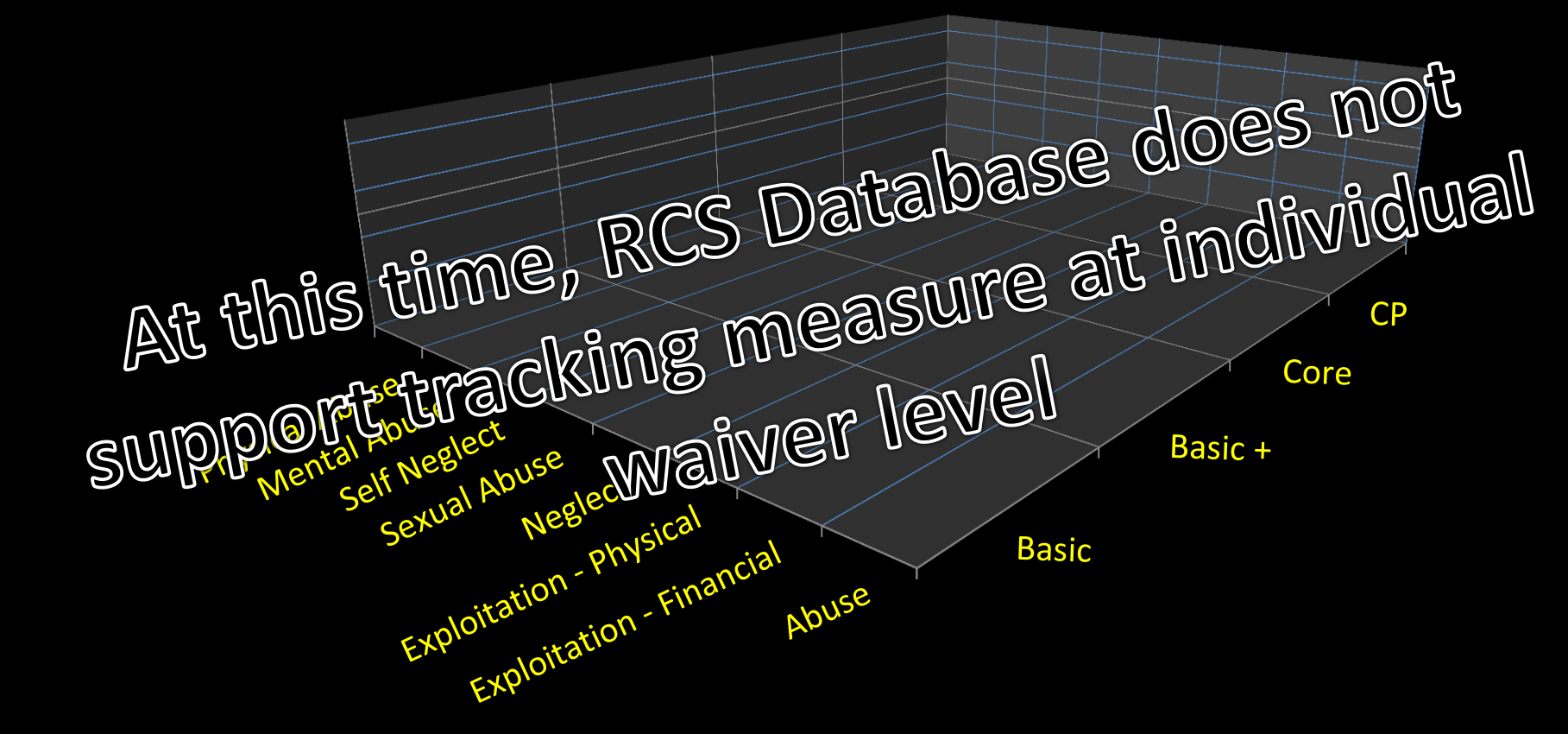
D = Total number of allegations substantiated by RCS (60)





Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 3: The percentage of allegations of abuse, neglect, abandonment, or financial exploitation substantiated by [RCS](#), by type of incident.



## Appendix G – “Participant Safeguards”

Waiver Year: 2009 - 2010

Assurance – The state on an ongoing basis identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

Performance Measure # 3: The percentage of allegations of abuse, neglect, abandonment, or financial exploitation substantiated by [RCS](#), by type of incident.

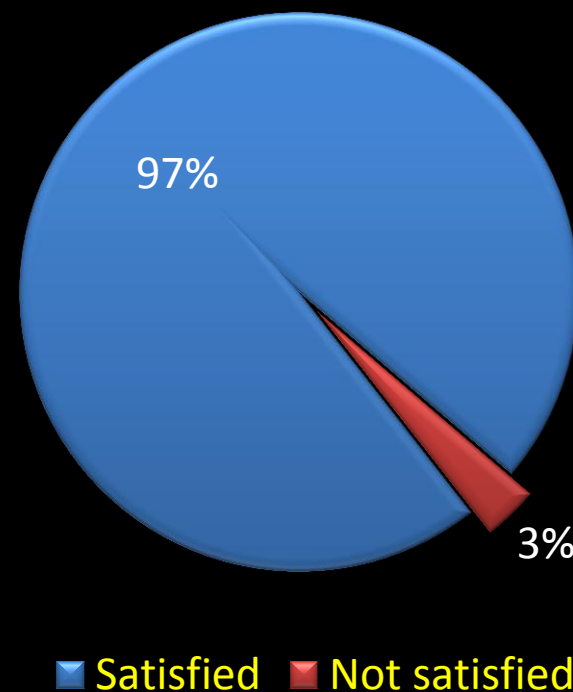
1. **Remediation Response:** Information will be used to perform further analysis on each individual finding to determine DDD’s next remedial steps.
2. **Remediation data aggregation & analysis & timeline:** This is a new performance measure. DDD will work with RCS to identify methods of tracking at the individual Waiver level.
3. **Responsible Party:** Quality Programs and Services Office Chief

Sub-assurance (d): Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

Performance Measure # 1: The percentage of waiver participants and family members responding to the NCI survey who report satisfaction with the development and implementation of their ISPs.

N = All waiver participants reporting satisfaction regarding the development and implementation of their ISPs (335)

D = All waiver participants and family members responding to the NCI survey (346)



Sub-assurance (d): Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

Performance Measure # 1: The percentage of waiver participants and family members responding to the NCI survey who report satisfaction with the development and implementation of their ISPs.



## Appendix D – “Participant-Centered Planning & Service Delivery” Waiver Year: 2009 - 2010

Sub-assurance (d): Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

Performance Measure # 1: The percentage of waiver participants and family members responding to the NCI survey who report satisfaction with the development and implementation of their ISPs.

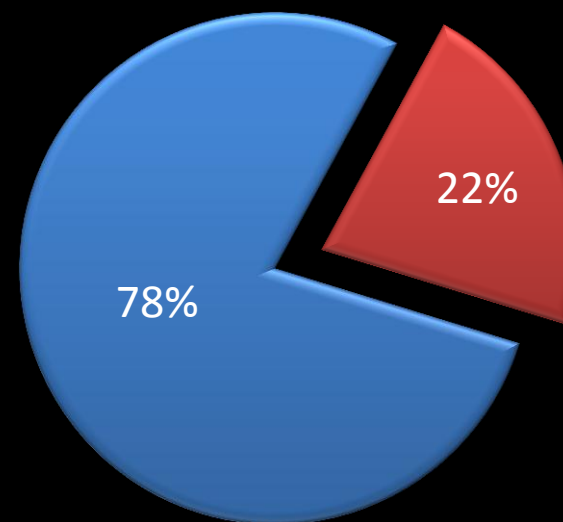
1. **Remediation Response:** Three percent of the waiver participants and family member responded to the NCI survey that they were not satisfied with the development and implementation of the ISP.
2. **Remediation data aggregation & analysis & timeline:** DDD will continue to use the NCI survey as supplementary evidence to help in our quality improvement processes.
3. **Responsible Party:** Waiver Program Manager

Sub-assurance (e): Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

Performance Measure # 1: The percentage of waiver participant records that contain a signed voluntary participation statement in lieu of institutional care.

N = All waiver participant records including a voluntary participation statement (420)

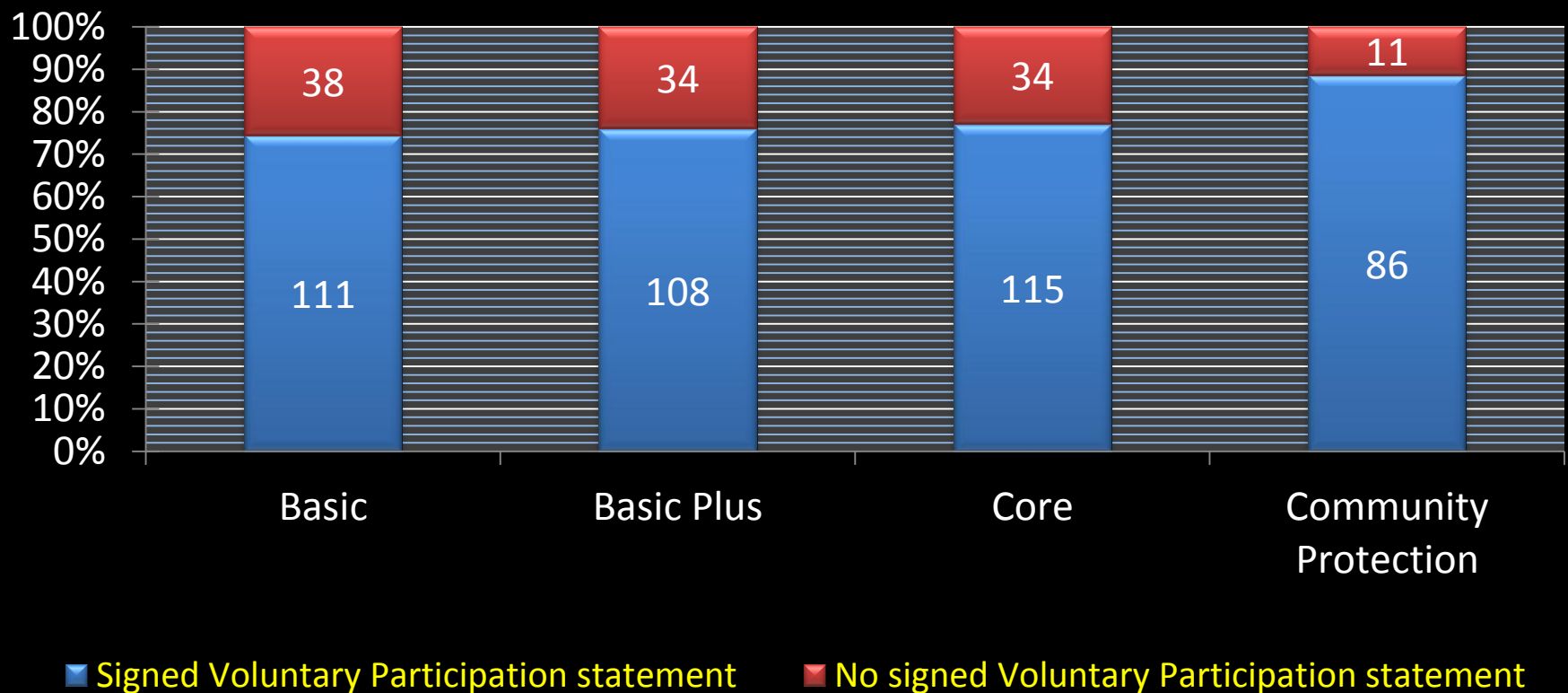
D = All waiver participant records (537)



- Voluntary participation statement signed
- No Voluntary participation statement signed

Sub-assurance (e): Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

Performance Measure # 1: The percentage of waiver participant records that contain a signed voluntary participation statement in lieu of institutional care.



## Appendix D – “Participant-Centered Planning & Service Delivery” Waiver Year: 2009 - 2010

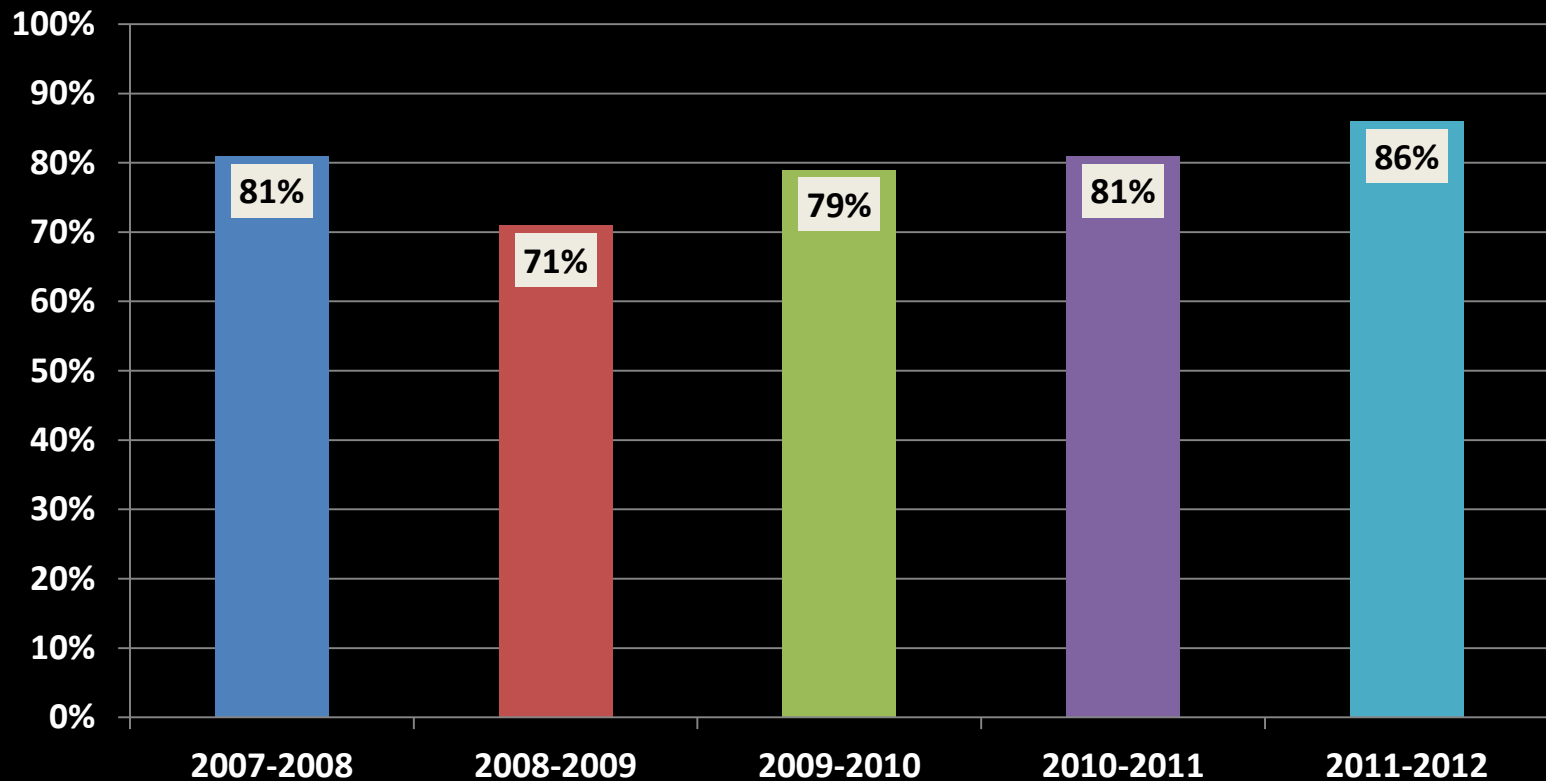
Sub-assurance (e): Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.

Performance Measure # 1: The percentage of waiver participant records that contain a signed voluntary participation statement in lieu of institutional care.

- 1. Remediation Response:** Twenty two percent of the waiver participants records reviewed did not have valid voluntary participation statement to receive services in the community in lieu of institutional care. In July 2010, the CARE system will require the case manager to verify the client accepts waiver services in the community. In addition, DDD has requested a system enhancement that will remind case managers that they must obtain documentation of legal authority for signature when needed. Annual Waiver training 2009-2010 trained to this standard. DDD will continue to train and audit to this standard.
- 2. Remediation data aggregation & analysis & timeline:** This is a seven percent improvement over last year’s waiver audit.
- 3. Responsible Party:** Waiver Program Manager, Compliance Monitoring Unit Office Chief



# Is there a signed Voluntary Participation statement from the annual or initial assessment in the client file?



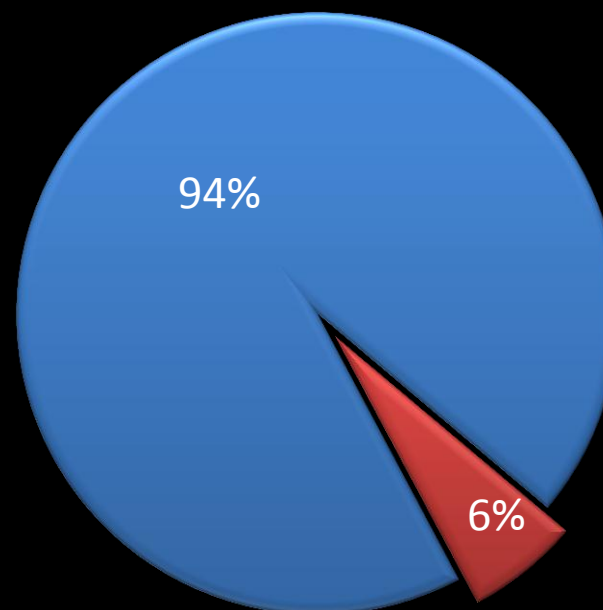
**QCC Audit Data**

Sub-assurance (a): Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measure # 3: The percentage of waiver recipients’ ISPs with critical indicators triggered in the assessment that were addressed in the ISP.

N = Number of ISPs in which all identified critical indicators were addressed (496)

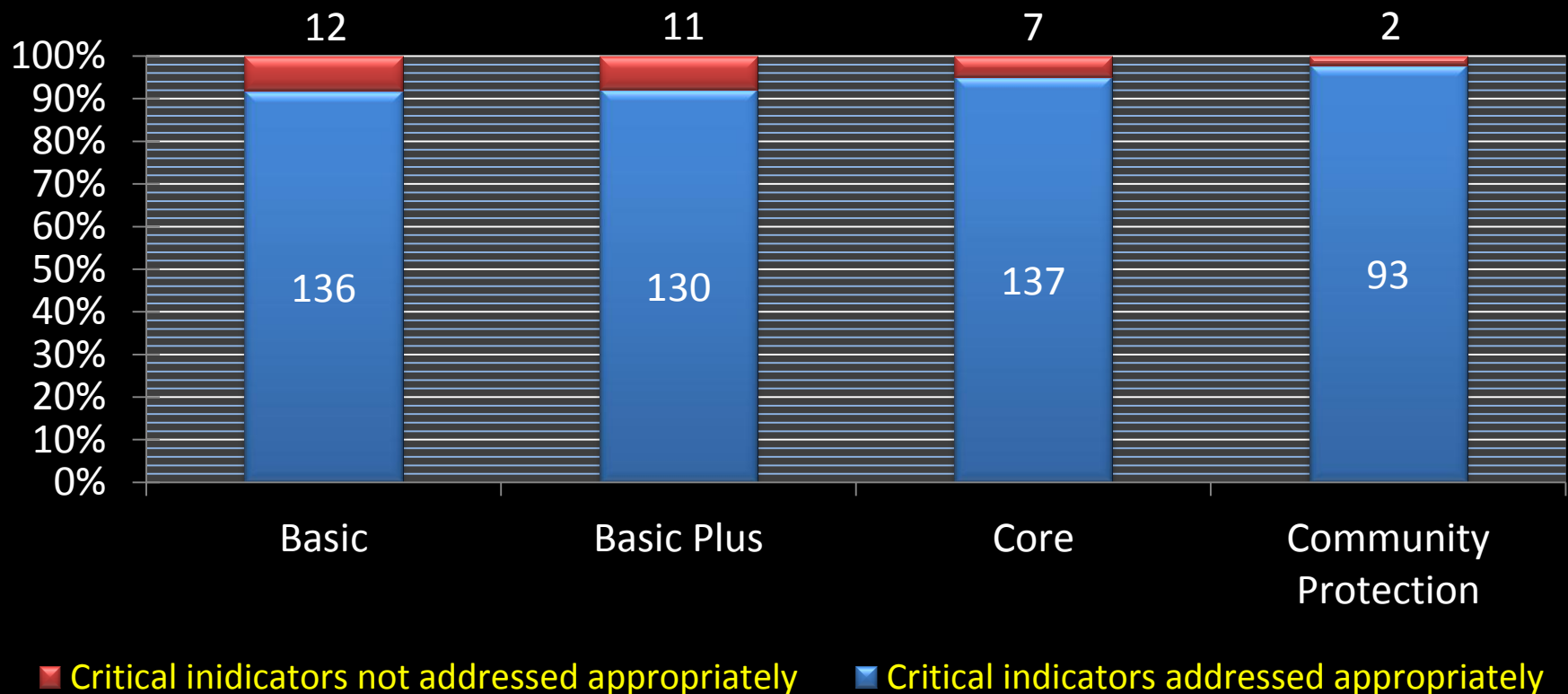
D = Total number of waiver recipients ISPs (528)



- Critical indicators addressed appropriately
- Critical indicators not addressed appropriately

Sub-assurance (a): Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measure # 3: The percentage of waiver recipients’ ISPs with critical indicators triggered in the assessment that were addressed in the ISP.



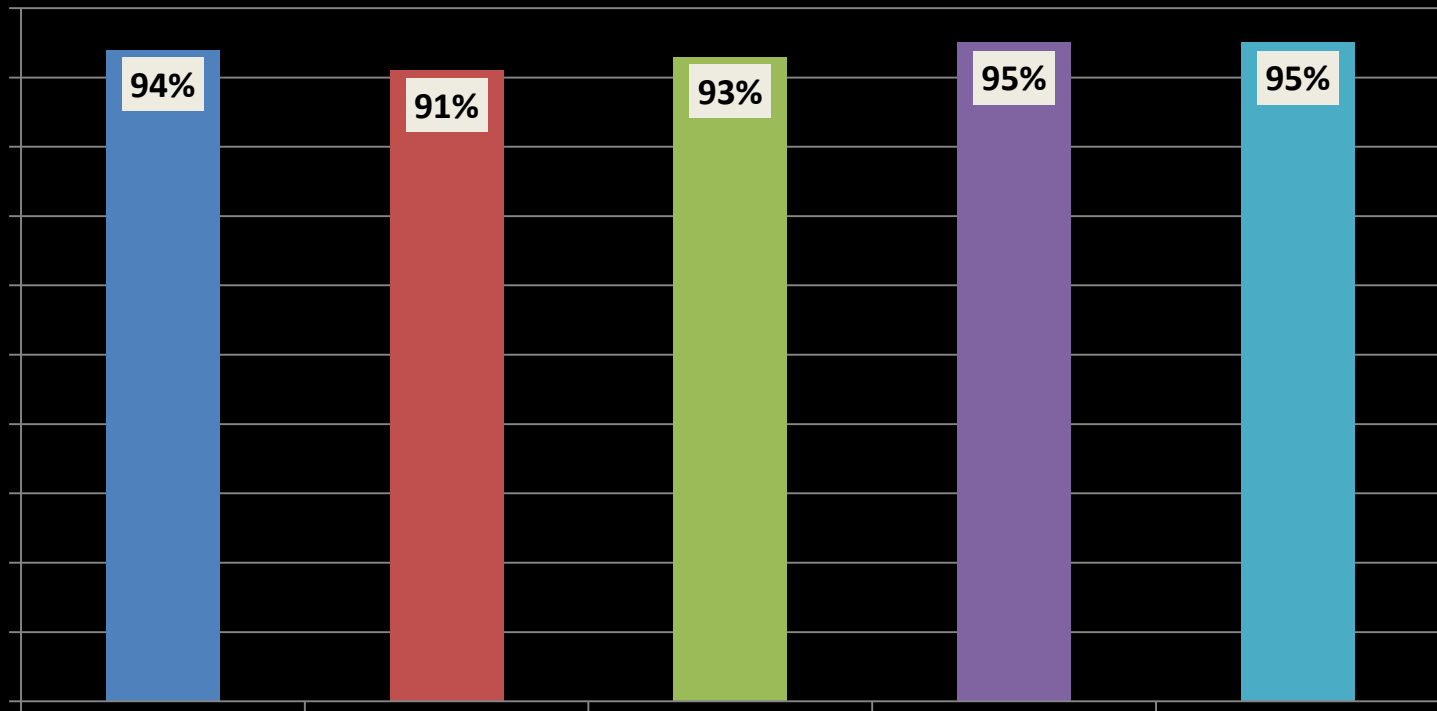
## Appendix D – “Participant-Centered Planning & Service Delivery” Waiver Year: 2009 - 2010

Sub-assurance (a): Service plans address all participants’ assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.

Performance Measure # 3: The percentage of waiver recipients’ ISPs with critical indicators triggered in the assessment that were addressed in the ISP.

1. **Remediation Response:** Six percent of the waiver files audited had service plans which did not address critical indicators. DDD will continue to train and audit to this standard.
2. **Remediation data aggregation & analysis & timeline:** This is a two percent improvement from last year’s Waiver audit.
3. **Responsible Party:** Waiver Program Manager, Quality Compliance Unit, Office Chief

**For each identified indicator in the ISP DDD Referral Panel the information in the "Reasons" box is consistent with other information in the assessment and there is evidence of follow-up for referrals.**



**QCC Audit Data**